Special Olympics Washington
Flag Football Rating Summary Form

Delegation: _____ **Team Name:** _____

Team Gender: _____ **Age Group:** _____

Total Team Rating: _____
(Add all scores and divide by number of players)

Top 6 Players: _____
(Add top 6 scores and divide by 6)
* If Unified, add the top 3 partners and 3 athletes scores and divide by 6

Bottom 6 Players: _____
(Add bottom 6 scores and divide by 6)
* Note: If roster is less than 10 players, please still include the bottom 5 players
* If Unified, add the bottom 3 partners

Summary of Individual Assessment

Please list player's in order from highest to lowest rating.

Name	Jersey #	Athlete / Partner	Passing	Receiving	Routes	Defense	Flag Pulling	Game Awareness	Movement	Total	Overall Rating